## Testimony of Christine Miskell, Epidemiologist concerning funding for Regional Action Councils in

H.B. No. 6824 - AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.

## Department of Mental Health & Addiction Services - March 6, 2015

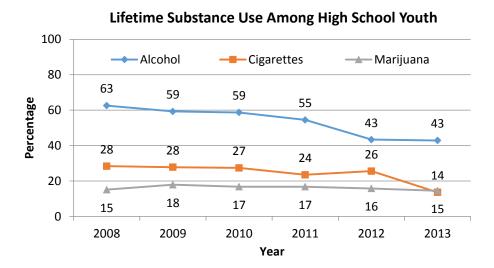
Senator Bye, Representative Walker, Senator Gerratana, Representative Dillon and members of the Appropriations subcommittee, my name is Christine Miskell. I am the Epidemiologist at SERAC and today I am offering testimony in strong opposition to the proposed cuts to funding for the Regional Action Councils. For 25 years, SERAC has been providing prevention services to more than 266,000 residents in 20 communities in Southeastern Connecticut.

SERAC's mission is to reduce the impact of addiction and related risky behaviors in Southeastern Connecticut by raising awareness and providing education, prevention programming and advocacy.

In his budget released on February 18, Governor Malloy proposed catastrophic cuts in the area of prevention. Prevention is the most effective and cost efficient way to protect and improve the quality of life of Connecticut residents. In fact, every \$1 spent on prevention leads to a savings of \$10 on intervention and treatment.

Since 2006, SERAC has been working in partnership with local schools, youth services bureaus and other prevention partners to collect substance use and risk factor survey data from youth in our region. In that time, we have gathered data from more than 17,000 youth enrolled in grades 7-12 from 17 communities in Southeastern Connecticut. We have also begun working with schools outside of our region to administer surveys. These data are used by us and by local communities to inform prevention planning, to monitor the effectiveness of prevention efforts and to support grant applications to the US Substance Abuse and Mental Health Services Administration (SAMHSA).

We have compiled all of the data from communities in our region into a comprehensive regional dataset. The figure below shows some data from that regional dataset. These data show that alcohol and cigarette use among high school youth in Southeastern Connecticut are declining steadily. Sadly, marijuana use among high school youth in Southeastern Connecticut is not declining as steadily.



As you can see in the graph,

- Reported lifetime alcohol use among high school youth in Southeastern Connecticut has declined from a high of 63% in 2008 to a low of 43% in 2013. This corresponds to a decrease of 31%.
- Reported lifetime cigarettes use among high school youth in Southeastern Connecticut has
  declined from a high of 28% in 2008 to a low of 14% in 2013. This represents a 52%
  decrease.
- Reported lifetime marijuana use among high school youth in Southeastern Connecticut was 15% in 2013. Although this represents a 17% decrease from the high of 18% in 2009, the line appears nearly flat, unlike the lines for alcohol and marijuana which show definite downward trends.

To SERAC this indicates that we must increase our efforts to raise awareness about the danger of marijuana use and to prevent marijuana use among youth in Southeastern Connecticut while continuing our successful efforts to prevent alcohol and tobacco use among youth in the region.

In addition to regional summary data, we also work with individual communities to evaluate their own local data. Although we find that the trends in individual communities generally mirror what is happening in the region, we always find a few items that are unique or special to an individual community. Without local data from our survey these communities would have to make planning decisions based upon region- or state-level data which do not accurately reflect local conditions in all cases. Without appropriate funding to prevention, in general, and to Regional Action Councils, in particular, SERAC will no longer be able to provide this important service to communities throughout Connecticut.

Over the years, the involvement of SERAC and its partners in youth surveys has been a key factor in winning and maintaining more than \$1 million dollars in SAMHSA grant funds for our region.

I encourage you to restore the funding for this and other valuable prevention services provided by the Regional Action Councils like SERAC.

Thank you,

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